

# KEEP LOS GATOS BEAUTIFUL PROJECT INFORMATION

**April 2004**

NAME OF ORGANIZATION: \_\_\_\_\_

Date of Project: \_\_\_\_\_ (please include Month/Date/Year)

Time of Project: \_\_\_\_\_

- Please describe your project: \_\_\_\_\_  
\_\_\_\_\_
- Do you need additional volunteers? If so, please provide the following information:  
Number of volunteers: \_\_\_\_\_  
Age Requirements: \_\_\_\_\_  
Skills Recommended: \_\_\_\_\_  
\_\_\_\_\_  
Time Commitment: \_\_\_\_\_
- Any special instructions: \_\_\_\_\_  
\_\_\_\_\_
- Contact Person: \_\_\_\_\_ Tel. Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Please return this form no later than **March 5, 2004** to:

Lauren Mende Tacké  
Recycling Coordinator  
Town of Los Gatos  
Community Services Department  
208 East Main Street  
Los Gatos, CA 95030  
Tel. No. (408) 399-5796  
Fax No. (408) 395-8640  
Email: ltacke@losgatosca.gov